

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	9-9-99
O.I.P.E. CLASSIFIER		25	09-02-99
FORMALITY REVIEW	S.S.	69134	9-12-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	6/2/00
2	✓	✓	6/2/00
3	✓	✓	6/2/00
4	✓	✓	6/2/00
5	✓	✓	6/2/00
6	✓	✓	6/2/00
7	✓	✓	6/2/00
8	✓	✓	6/2/00
9	✓	✓	6/2/00
10	✓	✓	6/2/00
11	✓	✓	6/2/00
12	✓	✓	6/2/00
13	✓	✓	6/2/00
14	✓	✓	6/2/00
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44	✓	✓	6/2/00
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46	✓	✓	6/2/00
47	✓	✓	6/2/00
48	✓	✓	6/2/00
49	✓	✓	6/2/00
50	✓	✓	6/2/00

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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